

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HARRY TEAGUE			2. Identification Number H8NM02032	
(b) Address (number and street) 819 EAST PINON			<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code HOBBS NM 88240			3. Is This Statement <input checked="" type="checkbox"/> New (N) <b>OR</b> <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NM 02		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

**NOTE:**This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) HARRY TEAGUE FOR CONGRESS		
(b) Address (number and street) PO BOX 5153		
(c) City, State and ZIP Code HOBBS NM 88241		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) LEADERSHIP FOR NEW MEXICO		
(b) Address (number and street) PO BOX 1174		
(c) City, State and ZIP Code SPRINGFIELD VA 22151		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate HARRY TEAGUE	Date 08/28/2009
--	--------------------

**NOTE:**Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

**[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

JARED POLIS VICTORY FUND

(b) Address (number and street)

PO BOX 1174

(c) City, State and ZIP Code

SPRINGFIELD

22151